

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573920

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			①				
13			1				
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47			1				
48			1				
49			1				
50			1				
TOTAL IND.		↓	2	↓	↓		
TOTAL DEP.	←	↑	14	←	↑		
TOTAL CLAIMS		↓	16	↓	↓		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.		↓		↓	↓		
TOTAL DEP.	←	↑		←	↑		
TOTAL CLAIMS		↓		↓	↓		